

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101584519

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6	/					
7		/				
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14	/					
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16	/					
17		/				
18	(1)	(1)				
19	(1)	(1)				
20	(1)	(1)				
21	(1)	(1)				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	28	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]